best Available Copy

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	5	20000	i - D. (2)	
O.I.P.E. CLASSIFIER	· · · · ·	11/	1/10/	
FORMALITY REVIEW			1110	
RESPONSE FORMALITY REVIEW	LH	40105	2-2-200	
			ř	

INDEX OF CLAIMS

·	Rejected	N	Non-elected
=	Allowed	- 1	Interference
— (Through	th numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected									
Claim Date	Claim	Date	Claim	Date					
Final Coriginal (1/20/63)	Final Original		Pinal Original						
2	52		102						
3 1 1 1	53		103						
4	55		105						
. - 	56		106						
7	57		107						
1 87 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	58		108						
9 1 1	60		109	 					
	61		111						
12 V V	62		112						
13	63		113						
15	64		114	- 					
16	66		116						
17	67		117						
18	68		118						
19 1 1	69		119						
	70 71		120						
22	72		122						
[(23)	73		123						
24	74		124						
25	75		125						
27 V V V	76		126						
28	78	 	128	 					
29	79		129						
. 30	80		130						
. 31	81		131						
32 33	82	 	132	++++					
34	84		134	++++					
35	85		135						
36	86		136						
37 38	87		137						
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41	91		141						
42	92		142						
43	93		143						
44	94	 	144	╅┼┼┼┼┼					
45 46	96	 	146	 					
47	97		147						
48	98		148						
49	99		149	 					
50	100		I II ad I ! I						

If more than 150 claims or 10 actions staple additional sheet here

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